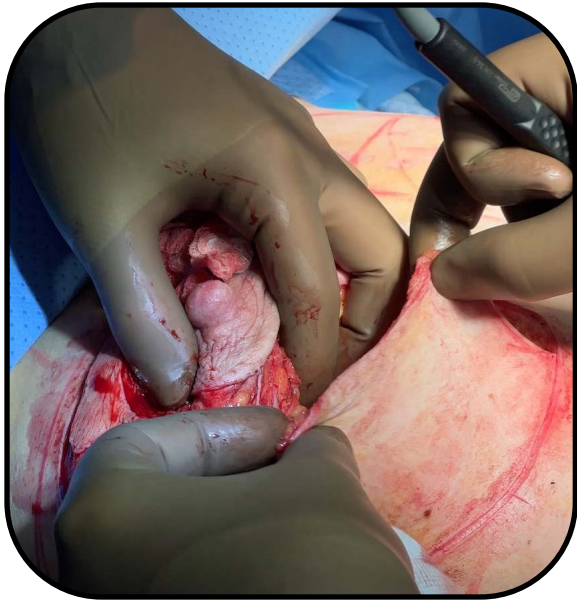
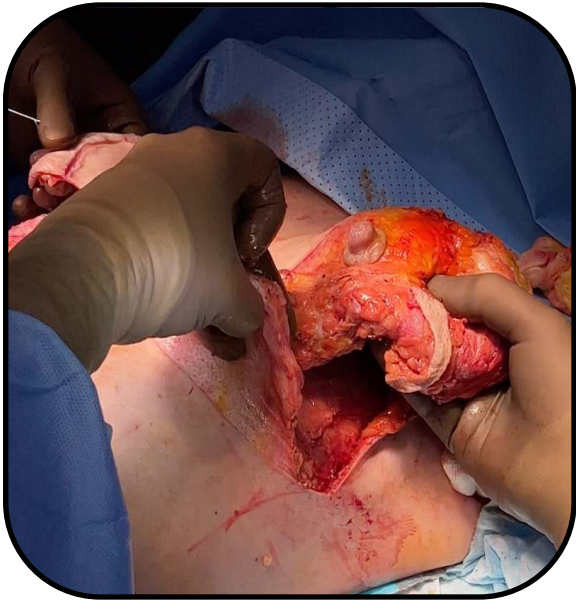
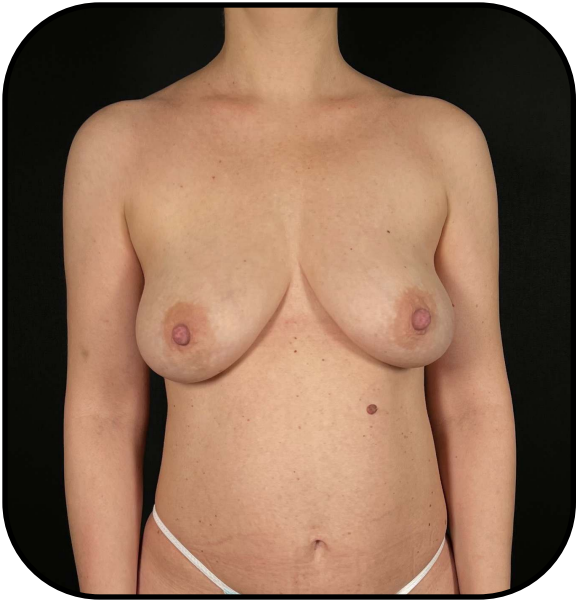


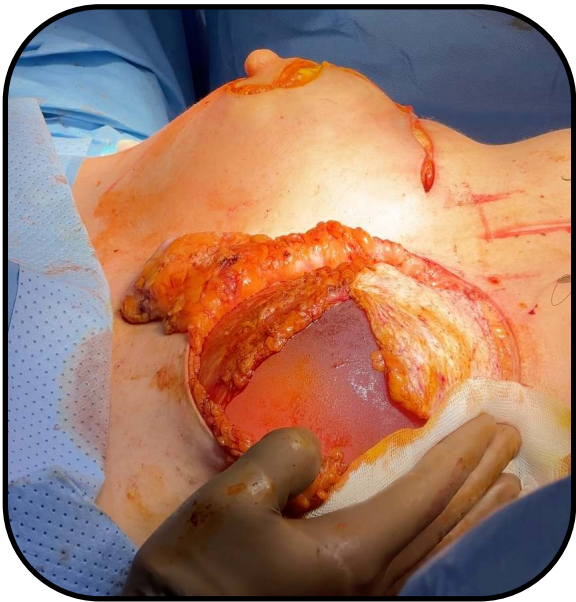
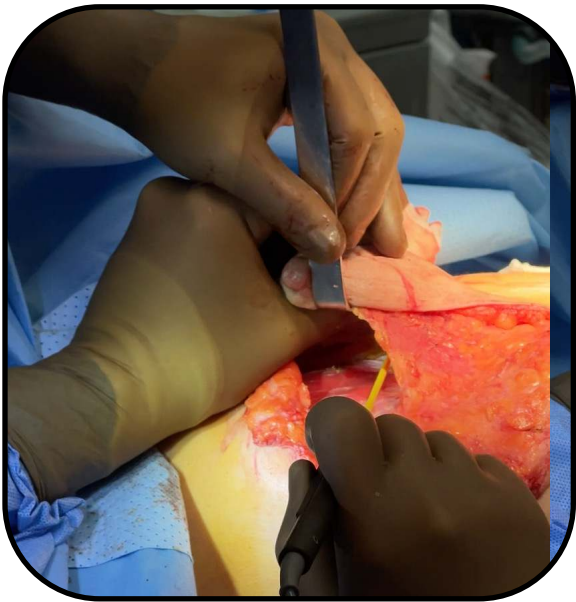
Dualplane DTI reconstruction of ptotic breast with inferior de-epidermized flap

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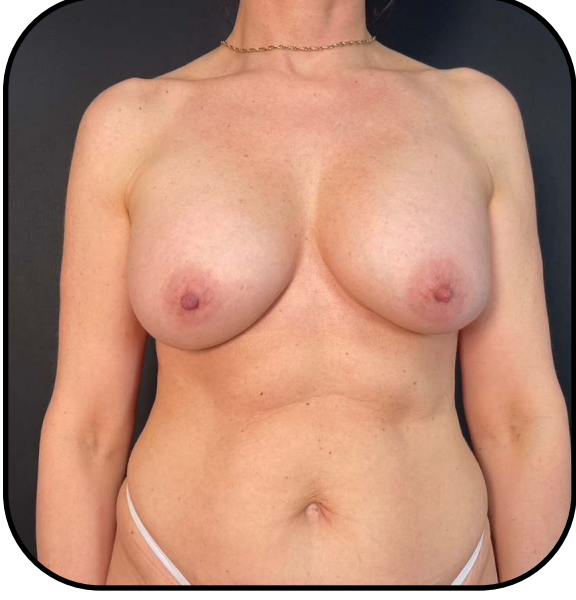
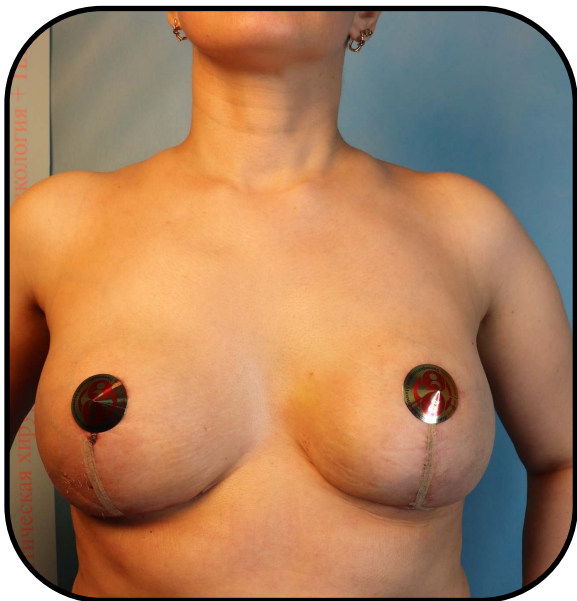
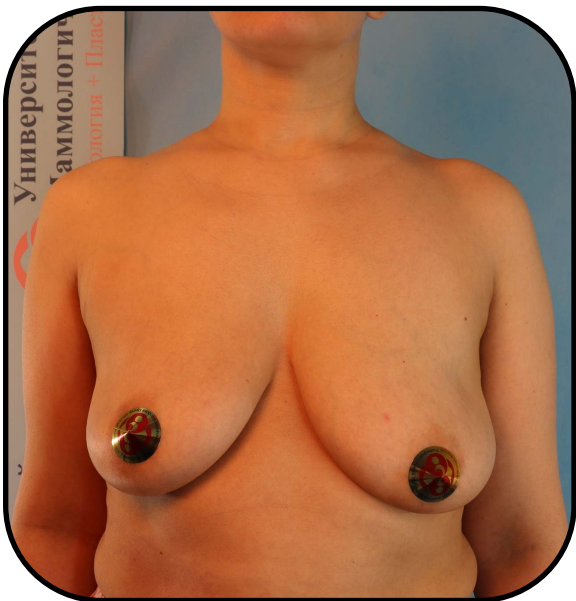
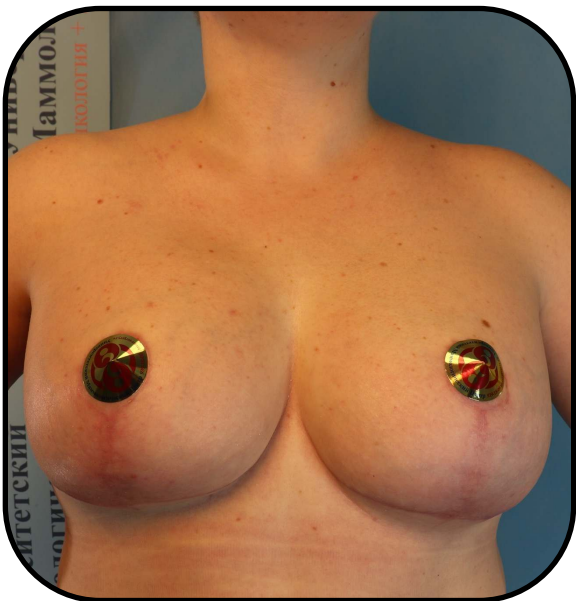
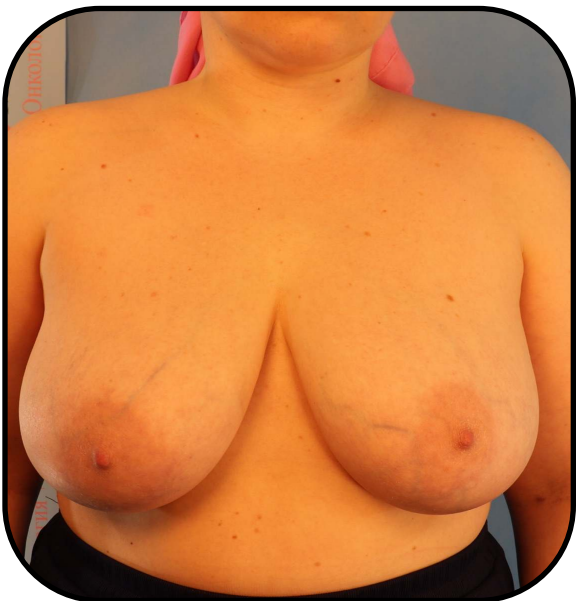
Introduction: The use of skin sparing and nipple sparing mastectomies (including risk reduction) rised significantly during the last years. Most of dualplane technics use ADM or tetanized mesh, this devises makes reconstruction expensive and significantly increase risk of complications. In our practice we use a dualplane technic DTI reconstruction with de-epidermized inferior flap



Materials and methods: 10 patients were underwent dualplane reconstruction: 6 patients after NACT with multicenter cancer or pCR, 3 with BRCA1 mutation, 1 with centrally localized tumor and nipple cancer. 1 patient performed skin sparing and 9 patients nipple sparing mastectomies. In all cases we used Wise pattern for skin flaps marking. We used upper-medial pedicle for nipple blood supply. After breast tissue removal inferior skin flap was de-epidermized, pectoral muscle cut off from the place of attachment to the ribs from 6 to 3 (9), margin of muscle fixed with de-epidermized inferior flap by absorbable sutures, upper pole of implant posted under muscle and lower pole under flap



Results: In postop period we don't have any critical complications, 1 patient have epidermolysis of NAC. No seroma, hematoma, infection after reconstruction was present. All patients are satisfied with the aesthetic results



Conclusion: Dualplane DTI reconstruction with inferior de-epidermized flap is cheap, simple and technically accessible method of reconstruction of ptotic breast, without using any mash, with hight aesthetic results and low complication rates